

<b>Mail FR-10 to: Office of Financial Responsibility</b> SC Department of Public Safety PO Box 1498 Columbia, SC 29216				<b>SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY</b> FR-10 (REV. 01/01) <b>NOTICE OF REQUIREMENT</b>					
Date	Time	County	1- Interstate    4- Secondary 2- US Primary   5- County 3- SC Primary    6	Collision Location (Rt. # / Name)		0- Main line   6- Connection 2- Alternate   7- Business 5- Spur	Miles:	Dir. N E S W	In / Near City or Town of:
To Vehicle Owner/ Operator			<b>Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended,. If vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law</b>						

  

<b>C- 000001</b>				Driver/Pedestrian's Full Name				<b>C- 000002</b>				Driver/Pedestrian's Full Name			
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.						
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip							
State	Driver's License #		Insurance Company:			State	Driver's License #		Insurance Company:						
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #						
State	Year	License Plate #	Owner's D.L. #			State	Year	License Plate #	Owner's D.L. #						
Home Telephone ( )		Owner's Full Name				Home Telephone ( )		Owner's Full Name							
Bus. Telephone ( )		Street/R.F.D.				Bus. Telephone ( )		Street/R.F.D.							
Contributed To Collision Yes      No		City, State, & Zip				Contributed To Collision Yes      No		City, State, & Zip							

  

<b>C- 000003</b>				Driver/Pedestrian's Full Name				State	Year	License Plate #	Owner's D.L. #
Unit #	Sex	Race	Street/R.F.D.			Home Telephone ( )		Owner's Full Name			
Birth Date		City, State, & Zip				Bus. Telephone ( )		Street/R.F.D.			
State	Driver's License #		Insurance Company:			Contributed To Collision Yes      No		City, State, & Zip			
Year	Body	Vehicle Make	VIN #			<b>Accident Insurance Information for Unit #</b> Company Name _____ Area Code/Phone Number ( ) _____ Agency Name _____ Policy Number _____					
<b>All Units Insurance Information</b> ( to be completed by Investigating Officer)						<b>Accident Insurance Information for Unit #</b> Company Name _____ Area Code/Phone Number ( ) _____ Agency Name _____ Policy Number _____					

  

Insurance Information									
Notice of Requirement Accepted _____ Signature _____					Y N Refused to Affix Signature? Y N Vehicle Subject to Registration in SC?				
To Be Completed By Insurance Agency, Broker, Or Other Company Representative Reference to Unit #: _____. I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the					The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein				
Insurance Company			Policy #:		Signature			Title	
Beginning Date		Ending Date:		Policy Holder:		NAIC# (Assigned by S.C. Dept. of Ins.)			Bus. Telephone ( )

**Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges**

If any of the below are applicable, Disregard the above portion.					Form FR-10 Not Issued:      Section 56-10-270 56-10-520				
<input type="checkbox"/> Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department covering the vehicle					No FR-10 Issued to Operator/ Owner of Unit #: _____ Summons Issued to: _____				
<input type="checkbox"/> Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____					For operating or allowing the operation of an uninsured vehicle      Summons Number: _____				
<input type="checkbox"/> Check here if liability insurance was not in effect to comply with South Carolina statutory					Signature _____ Date _____				
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code